fat.	Br	her	
٠,	_		



**Application or Docket Number** 

Effective December 8, 2004						10/520632						
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY		
U.S. NATIONAL STAGE FEES								RATE	FEE	]	RATE	FEE
BASIC FEE			SMALL ENT. = \$ 150		LARGE ENT. = \$ 300			BASIC FEE		OR	BASIC FEE	300
EXAMINATION FEE			Satisfies PCT Article 33(1)- (4) = \$50/\$100		All other situations = \$ 100 / \$ 200 -			EXAM. FEE		1	EXAM. FEE	200
SEARCH FEE			U.S. is ISA = \$50 / \$ 100 ALL other countries = \$ 200 / \$ 400		All other situations = \$ 250 / \$ 500			SEARCH FEE			SEARCH FEE	400
FEE FOR EXTRA SPEC. PGS.			minus 100 =			/ 50 =		X \$ 125 =			X \$ 250 =	
TOTAL CHARGEABLE CLAIMS			<b>₽</b> minus 20 = •					X \$ 25 =		OR	X \$ 50 =	
INDEPENDENT CLAIMS / minus 3 =			ninus 3 =	•			X \$ 100 =		OR	X \$ 200 =		
ми	TIPLE DEPEN	DENT CLAIM PR	ESENT					+ \$ 180 =		OR	÷\$ 360 =	
• 11	If the difference in column 1 is less than zero, enter "0" in column 2					lumn 2	•	TOTAL		OR	TOTAL	900
CLAIMS AS AMENDED - PART II /0 05 (Column 1) (Column 2) (Column 3)						SMALL ENTITY		OR	OTHER THAN SMALL ENTITY			
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMI . PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 50	Minus	. 5	0	=		X \$ 25 =		OR	X \$ 50 =	
	Independent	• .	Minus	3	7	,		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRES	ENTATION OF M	IULTIPLE DEP	ENDENT (	CLAIM			+ \$ 180 =		OR	+ \$ 360 =	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colum	າດ 2)	(Column 3)						
×		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ST IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• .	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
	Independent	•	Minus	•••		=	F	X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				T	+ \$ 180 =		OR	+ \$ 360 =			
							7	FEE		OR	TOTAL ADDIT. FEE	

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20', enter 20'.

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.